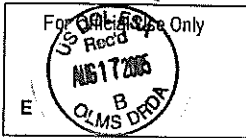


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11668</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert M. Tokieda</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 17250</u> Street _____ City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817</u>	4. Name, file number, and address of labor organization. Name <u>United Union of Roofers, Waterproofer and Allied Workers Local 221</u> Labor Organization File Number <u>012210</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 17250</u> Street _____ City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert M. Tokieda</u>	On <u>8/10/05</u> Date	<u>808-847-5757</u> Telephone Number

Name of Person Filing Robert M. Tokida

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Wachovia Securities, LLCTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 500 Ala Moana Blvd.City HonoluluState Hawaii ZIP Code + 4 96813

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Rodgers Local 221 Trust FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1199 Dillingham Blvd. #200City HonoluluState Hawaii ZIP Code + 4 96817

## 11.a. Nature of such dealing.

Trust Fund money monitor

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Christmas gift

## 12.b. Amount.

\$25.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing <u>Robert Tokuda</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Roofers Local 221 Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1199 Dillingham Blvd. #200

City Honolulu

State Hawaii ZIP Code + 4 96817

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Roofers Local 221 Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1199 Dillingham Blvd #200

City Honolulu

State Hawaii ZIP Code + 4 96817

11.a. Nature of such dealing.

Trust Fund Meeting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch

12.b. Amount. \$25.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Robert Tokioka

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Roafers Local 221 Trust FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1199 Dillingham Blvd. #200City HonoluluState Hawaii ZIP Code + 4 96817

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Roafers Local 221 Trust FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1199 Dillingham Blvd. #200City HonoluluState Hawaii ZIP Code + 4 96817

11.a. Nature of such dealing.

Trust Fund meeting11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

Lunch12.b. Amount. \$25.06

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Wachovia Securities, LLC  
Two Waterfront Plaza, Suite 400  
500 Ala Moana Boulevard  
Honolulu, HI 96813-4920

Thomas Y. Sakai  
Director - Investments

Tel 808 547-5200  
Fax 808 547-5257  
thomas.sakai@wachoviasec.com



WACHOVIA SECURITIES

August 5, 2005

Mr. Robert Tokioka  
Secretary  
Roofers Union Local 221  
2045 Kam IV Road, #203  
Honolulu, HI 96817-0250

Dear Robert:

RE: LM-30 Filing Requirement

We've been advised of the Department of Labor's reporting requirements regarding gifts of value given to trustees in 2004. Below is what our records reflect:

1. 2005 calendar diary: \$10.00
2. U.S. Mint Silver Eagle Coin: \$25.00

Best Regards,

Thomas Y. Sakai  
Director – Investments  
Senior Institutional Consultant

Roofers Union, Local 221 Trust Funds  
Trustee Meeting Expense Allocation

Board of Trustees Meeting Date	Total Lunch Expense	Trustees & Professionals Attending	Individual Expense	Labor Trustee Allocation	Labor Trustee's In Attendance
January 9, 2004	\$294.57	13	\$22.66	\$90.64	Vaughn, Robert, Enrique, Mariano
April 2, 2004	\$198.08	15	\$13.21	\$52.82	Vaughn, Robert, Enrique, Mariano
July 16, 2004	\$275.62	11	\$25.06	\$100.23	Vaughn, Robert, Enrique, Mariano
October 8, 2004	\$287.78	13	\$22.14	\$66.41	Vaughn, Robert, Enrique,
January 7, 2005	\$258.75	10	\$25.88	\$77.63	Vaughn, Enrique, Mariano
April 8, 2005	\$213.21	12	\$17.77	\$53.30	Vaughn, Robert, Mariano
July 8, 2005					
October 7, 2005					

Investment Committee Meeting Date	Total Lunch Expense	Trustees & Professionals Attending	Individual Expense	Labor Trustee Allocation	Labor Trustee's In Attendance
February 17, 2004	\$242.08	13	\$18.62	\$37.24	Vaughn, Enrique
May 18, 2004	\$200.09	15	\$13.34	\$53.36	Vaughn, Robert, Enrique, Mariano
August 17, 2004	\$203.70	14	\$14.55	\$43.65	Vaughn, Robert, Enrique
November 16, 2004	\$256.13	15	\$17.08	\$68.30	Vaughn, Robert, Enrique, Mariano
December 27, 2004	\$209.41	11	\$19.04	\$57.11	Vaughn, Robert, Enrique
February 22, 2005	\$158.51	13	\$12.19	\$48.77	Vaughn, Robert, Enrique, Mariano
May 17, 2005	\$249.70	14	\$17.84	\$71.34	Vaughn, Robert, Enrique, Mariano
August 16, 2005					
November 22, 2005					